

Date Stamped Copy Returned  
 No Self-Addressed Stamped Envelope  
 No Copy Provided

**Fill in this information to identify the case:**

Debtor 1 Puerto Rico Buildings Authority jointly w/ Common. of PR

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Puerto Rico

Case number 17-03283

RECEIVED

JUL 28 2020

PRIME CLERK LLC

Official Form 410



170328380100178

04/19

**Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?

Unión de Empleados de la AEP on behalf of *George Palau Negron*

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

*George Palau - Negron*

2. Has this claim been acquired from someone else?

No

Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Roberto O. Maldonado-Nieves

Name

344 Street #7 N.E. Office 1-A

Number Street

San Juan, Puerto Rico

00920

City

State

ZIP Code

Contact phone 787-782-3221

Contact email romn1960@gmail. com

Where should payments to the creditor be sent? (if different)

Unión de Empleados de la AEP

Name

1214 Calle Cádiz Urb. Puerto Nuevo

Number Street

San Juan, Puerto Rico

00920

City

State

ZIP Code

Contact phone 787-479-2692

Contact email gilberto.roldan@uiaeap.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

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4. Does this claim amend one already filed?

No

Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

*N/A*

5. Do you know if anyone else has filed a proof of claim for this claim?

No

Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2:**

**Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ 203, 008 Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  
WRONGFUL TREATMENT

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ \_\_\_\_\_

Amount of the claim that is secured: \$ \_\_\_\_\_

Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

Annual Interest Rate (when case was filed) \_\_\_\_\_ %

Fixed  
 Variable

10. Is this claim based on a lease?  No  Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property: \_\_\_\_\_

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Check one:</p>	<p>Amount entitled to priority</p>
		\$ _____
		\$ _____
<p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p>		\$ _____
<p><input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</p>		\$ _____
<p><input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).</p>		\$ <u>13,650</u>
<p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</p>		\$ _____
<p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</p>		\$ _____
<p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u>  </u>) that applies.</p>		\$ _____

**Part 3: Sign Below**

The person completing  
this proof of claim must  
sign and date it.  
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157, and

16 U.S.C. §§ 152, 157, and 3571.

*Check the appropriate box:*

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/28/2020

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>Roberto O. Maldonado-Nieves</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Roberto O. Maldonado-Nieves</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>344 Street #7 N.E. Office 1-A</u>		
	Number	Street	
	<u>San Juan, Puerto Rico</u>		<u>00920</u>
	City	State	ZIP Code
Contact phone	<u>787-782-3221</u>		Email <u>romn1960@gmail.com</u>

Attachement to Proof of claim by

Unión de Empleados de Autoridad de Edificios Públicos on behalf of  
George Pagán Negrón

Wrongful termination claim pending arbitration hearing

Amount in back pay due \$203,008.00 accumulating interests at 6% per year, and additional  
back pay at the monthly wage until reinstatement plus legal fees

Sick leave and vacation pay accumulated as of date of termination until reinstatement as  
provoded by collective bargaining agreement with PBA

Sick days accumulated 94.5 and vacation leave days 157.5 that continue accumulating until  
reinstatement in addition to all of the penalties provided by the CBA



Exhibit Ex 4 Proof of Claim 17604 Page 5 of 5

PACKAGE LABEL

COMMERCIAL INVOICE LABEL

DELIVERY RECORD LABEL

DELIVERY REATTEMPT LABEL

**1 From**

Date 7/20/2020 Sender's FedEx Account Number

Sender's Name JOHANN HUNOZ Phone

Company CITY Towers

Address 250 Ponce de Leon Ave,

Address Suite 503

City flats Bay State PR

ZIP Postal Code 00918

Country

Email Address

Internal Billing Reference 1845-0002

**2 To**

28  Residential Delivery

Recipient's Name PRIME CLERK Phone 2122574169

Company PRIME CLERK

Address

Address 850 3RD AVE STE 412 Dept/Floor

City BROOKLYN State NY

Country US ZIP Postal Code 11232

Recipient's Tax ID Number for Customs Purposes

**3 Shipment Information**

Total Packages	Total Weight <u>2</u>	lbs. <input type="checkbox"/> kg <input checked="" type="checkbox"/> DIM	in. <input type="checkbox"/> cm <input type="checkbox"/>
Shipper's Load and Count/SLAC			
Commodity Description	Harmonized Code	Country of Manufacture	Value for Customs
<i>Doc's</i>		<u>USA</u>	<u>NCY</u>

Has EBI been filed in AES?  No EBI required, value \$2,500 or less per Sch. B Number, no license required (NLR), not subject to ITAR.  
For U.S. Export Only: Check One  No EBI required, enter exemption number: \_\_\_\_\_

Yes - Enter AES proof of filing citation: \_\_\_\_\_

Total Declared Value for Carriage NPC

Total Value for Customs (Specify Currency) NCV



FedEx Tracking Number 8135 9267 1131 0402 Form ID No.

**4 Express Package Service**

NOTE: Service order has changed. Please select carefully.

06 FedEx Intl. First

01 FedEx Intl. Priority

03 FedEx Intl. Economy

**5 Packaging**

06 FedEx Envelope

02 FedEx Pak

03 FedEx Box

04 FedEx Tube

15 FedEx 10kg Box

25 FedEx 25kg Box

01 Other

**6 Special Handling and Delivery Signature Options**

01 Hold at FedEx Location

03 SATURDAY DELIVERY

10 Direct Signature

Indirect Signature

If no one is available at recipient's address, someone at a neighboring address may sign for delivery.

**RECEIVED**

**JUL 31 2020**

**7 Payment** Complete payment options for both transportation charges and duties/taxes.

**Bill transportation charges to:**

Enter FedEx Acct. No. or Credit Card No. below.

1 Sender Acct. No. in Section 1 will be billed.  2 Recipient  3 Third Party  4 Credit Card  5 Cash Check/Cheque

FedEx Acct. No. 9095-8996-7

Credit Card Exp. Date

Bill duties and taxes to:

Enter FedEx Acct. No. below.

1 Sender Acct. No. in Section 1 will be billed.  2 Recipient  3 Third Party  5 Cash Check/Cheque

FedEx Acct. No.

**8 Required Signature**

Delivery of this Air Waybill constitutes your agreement to the Conditions of Carriage on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department license or contain dangerous goods. Certain international treaties, including the Warsaw or Montreal Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract.

**WARNING:** These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

Shipper's Signature: Johann Hunoz

Received above shipment in good order and condition. We agree to pay all charges, including Customs duties and taxes as applicable, and we agree to the Conditions of Carriage as stated on the reverse side of the Recipient's Copy.

Recipient's Signature

Origin Station ID	Country Code/Destination Station ID	URSA Routing	Handling Units
<u>SIG</u>	<u>FBT</u>	<u>XIFBT</u>	Total Volume (cm)
Received At: <input type="checkbox"/> Reg. Stop <input checked="" type="checkbox"/> On-Call Stop <input type="checkbox"/> Drop Box <input type="checkbox"/> World Service Center <input type="checkbox"/> Station	Declared Int. Chrg. <input type="checkbox"/> <u>0.00</u>	GDA/ <input type="checkbox"/> <u>0.00</u>	Credit Card Auth. <input type="checkbox"/>
Base Charge <input type="checkbox"/> <u>0.00</u>	Intl. Chrg. <input type="checkbox"/> <u>0.00</u>	Intl. Tax <input type="checkbox"/> <u>0.00</u>	Del. Cus. Del. Cus. Emp. # <input type="checkbox"/> <u>0.00</u> Date <input type="checkbox"/>
FedEx Emr. # <input type="checkbox"/> <u>0.00</u>	Intl. Tax <input type="checkbox"/> <u>0.00</u>	Intl. Tax <input type="checkbox"/> <u>0.00</u>	Time <input type="checkbox"/>

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